

Asia Pacific Regional Conference on End of Life and
Palliative Care in Long-term Care Settings

**Exploring The Psychological Needs At
The End Of Life Among Frail Residents
In Assisted Care Setting And Their
Family Members**

探討院舍體虛長者及其家人於
晚晴照顧時之心理需要

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Acknowledgements

- Dr. Edward Leung
- Prof. Samantha Pang
- La Caixa Foundation and The Bank of East Asia Charitable Foundation
- Hong Kong Association of Gerontology
- The Salvation Army
- Residents, their family members
- Home care staff



Background 背景

- Palliative care needs of frail older persons and family members
- Multiple co-morbidities 多項慢性疾病
- Progressive health deterioration 健康逐漸衰退
- Living in assisted care 居住於院舍

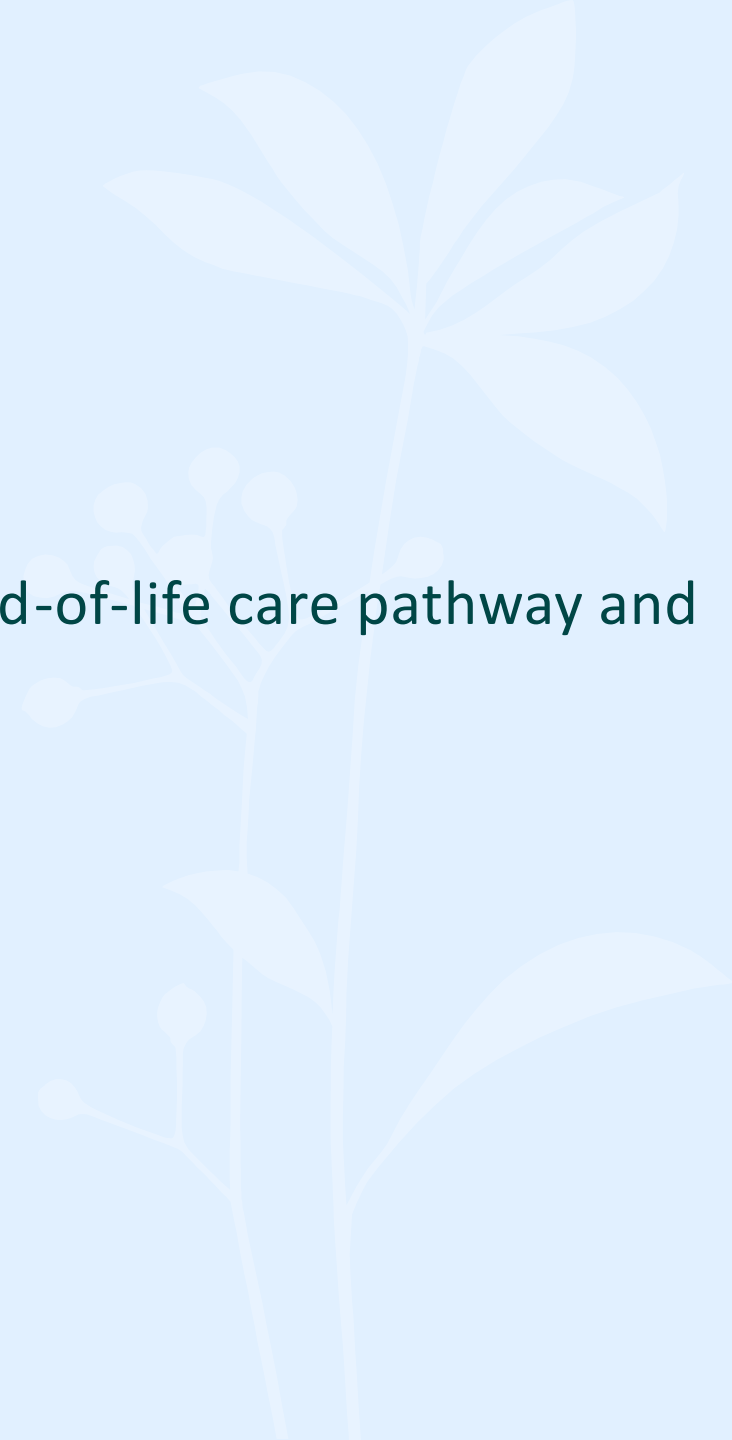




Study aim 研究目的

To explore the perceptions towards and experience with the end-of-life care from the perspectives of frail residents and their family members

Methods 研究方法

- Case study approach 個案研究
 - Residents who have completed the end-of-life care pathway and their family members
 - Case analysis 個案分析
 - Documentary review 檔案記錄
 - In-depth interview 深入訪問
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香港安老院舍完善人生關顧計劃

Palliative Care in Residential Care Homes for the Elderly

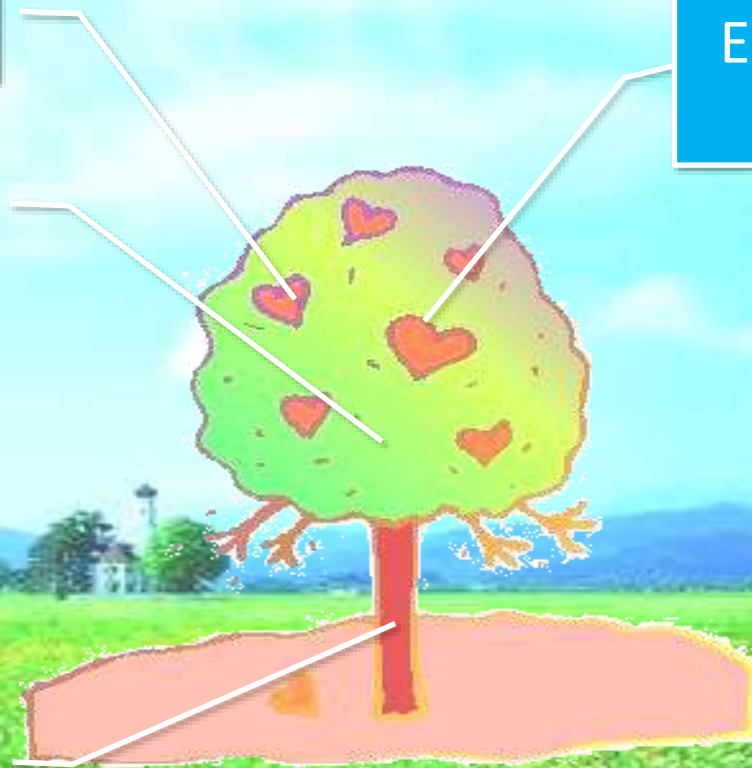


Care pathway

Staff training

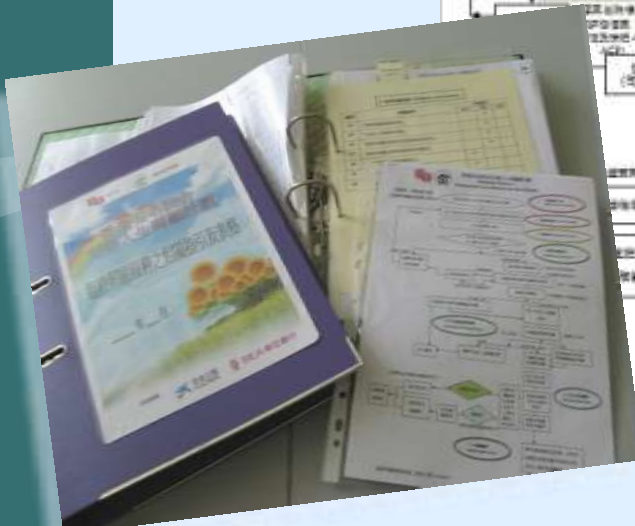
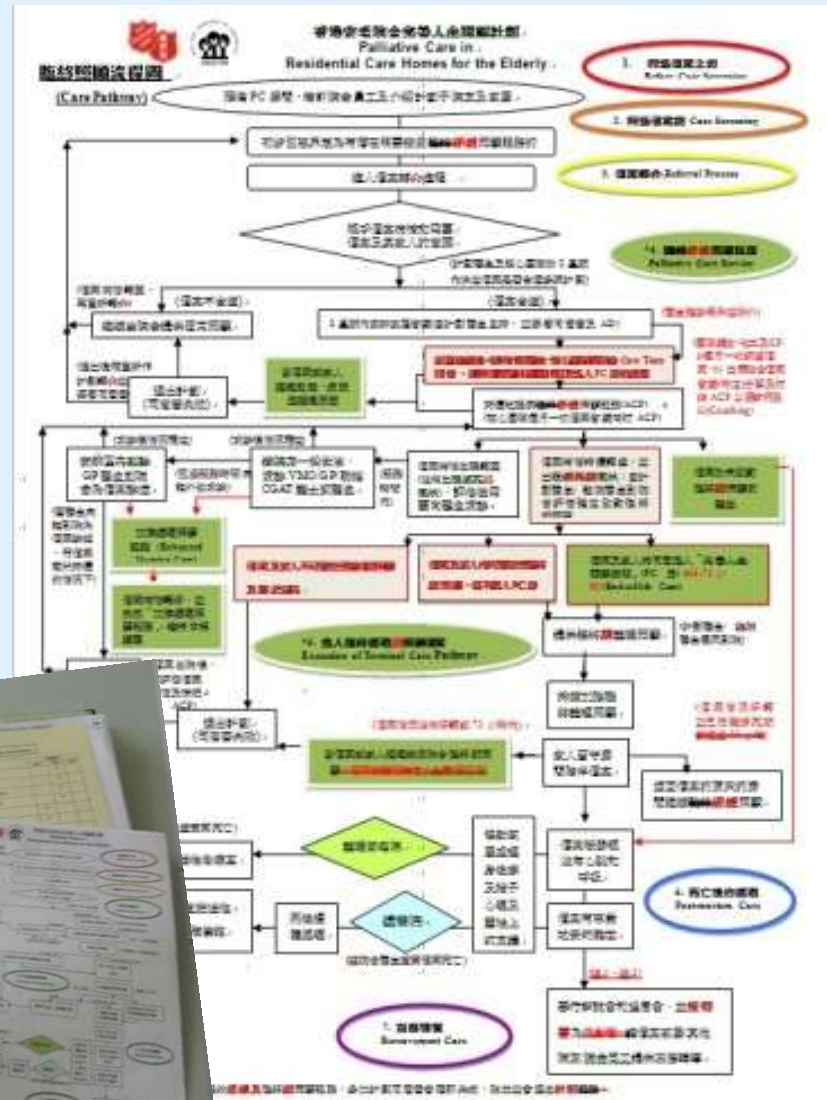
Educational
activities

Clinical team support



End-of-life care pathway

Palliative Care in Residential Care Homes for the Elderly programme





RESULTS 結果

Residents' background

Code	Sex/Age	Family	Religion	Stayed in OAH	Health history
P1	F / 90	Widowed 1 daughter	-	4 years	HT, MI, dementia, #L knee, bilateral cataract, anemia, ?Ca colon
P2	F / 98	Widowed 2 sons & 2 daughters	Christian	16 years	HT, CHF, advanced dementia, #R hip, Ca breast with mastectomy, on long-term Foley
P3	F / 78	Widowed 1 son & 1 daughter	Christian	15 years	HT, DM with retinopathy, CVA with L hemiparesis, Ca liver sciatica, OA knee
P4	F / 98	Widowed 2 sons (1 in US)	Christian	12 years	HT, DM, CHF, atrial flutter, CVA
P5	M / 89	Married 1 son (US) & 1 daughter	-	2 years	HT, IHD, dementia, BPH

Decision making for end-of-life care

P1	<ul style="list-style-type: none">- Accepted her own health condition- Naturalistic perspective towards death- Do not want to think too much about the future- Believed that her daughter can make the decision
P2	<ul style="list-style-type: none">- Family understood and accepted her health conditions- Family preferred comfort care
P3	<ul style="list-style-type: none">- Preferred staying in RCH for EOL care and for conservative treatment- Strong religious belief- Family respected her wishes
P4	<ul style="list-style-type: none">- Preferred comfort care- Her son also agreed that her comfort was at the top priority- Strong religious belief
P5	<ul style="list-style-type: none">- His daughter understood his health condition- His daughter accepted palliative care to optimize his QOL

Psychosocial care interventions

P1	<ul style="list-style-type: none">- Life story sharing, cooking activities- Played classical Chinese music- Counseling for her daughter
P2	<ul style="list-style-type: none">- Soft music, aroma oil massage- Sharing family photos- Counseling for family members
P3	<ul style="list-style-type: none">- Sit out for socialization- Family gathering , prayed, sang hymns & read bible together- Family accompanied overnight in PC room
P4	<ul style="list-style-type: none">- Prayed and read bible with her and played hymn CD- Counseling for her son
P5	<ul style="list-style-type: none">- Free from restraint , limb massage- Enjoying dim sum with wife at garden- Home leave for birthday celebration- Double room for the couple- Allow family accompany in double room- Counseling for his daughter

Program implementation.....





After Renovation

Health care utilization

	Physical symptoms/behaviours	Treatment
P1	Coffee ground vomiting Rectal bleeding, drop in BP and drowsiness	
P2	Limbs oedema Sacral sore SOB & desaturation	
P3	SOB Foot ulcer with pain, bleeding & foul odor Haematuria	
P4	Fluid retention: Limb oedema, SOB Behaviours of pulling feeding tube Fever x 2 times	
P5	SOB Chest infection	

Health care utilization

	Physical symptoms/behaviours	Treatment
P1	Coffee ground vomiting Rectal bleeding, drop in BP and drowsiness	Medication Clinical admission for abd. tapping Admitted to AED
P2	Limbs oedema Sacral sore SOB & desaturation	Pressure relief measures Wound care Oxygen (prn) Clinical admission Admitted to AED
P3	SOB Foot ulcer with pain, bleeding & foul odor Haematuria	Oxygen (prn) Wound care & medication Pressure relief measures Antibiotic
P4	Fluid retention: Limb oedema, SOB Behaviours of pulling feeding tube Fever x 2 times	Oxygen (prn) Tube feeding + Oral feeding Outreach GP
P5	SOB Chest infection	Oxygen (prn) Treated in OAH



DISCUSSION 討論

Evaluation

- ***Holistic care***

- Improved quality of life
- Patients' wishes respected

- ***Family-oriented care***

- Increase quality time for residents & family members

- ***Enhanced care home staff competence & resources***

- Improved symptom control
- Reduced unplanned admission



Strengths

*Residents &
Family members*



*Home care staff &
Project team*



CGAT



Difficulties & Limitations



Recommendations

To improve sustainability of this service innovations

- Resource management
- Human resources
- Community resources
- Awareness towards end-of-life care
- Family members
- Government departments

Thank You !

